

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☒ Stage Stores, Inc., a Delaware corporation
☐ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

Case Number

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-50123

*place an "x" beside the name of the Debtor you are filing a claim against

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Primesource Corporation

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

*****AUTO**3-DIGIT 303

Primesource Corporation

PO Box 740902

Atlanta GA 30374-0902

15 TWINBRIDGE DR.

PENNSAUKEN, N.J. 08110

|||||

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court.

United States Bankruptcy Court
 Southern District of Texas
 FILED

JUL 17 2000

Michael N. Milby, Clerk

Account or other number by which creditor identifies debtor:

543111371

Check here if this claim replaces or amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

Retiree benefits as defined in 11 U.S.C. § 4114(a) -
 Wages, salaries, and compensation (Fill out below)

Your SS#: _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred:

5/11/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1810.15

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) - _____.

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

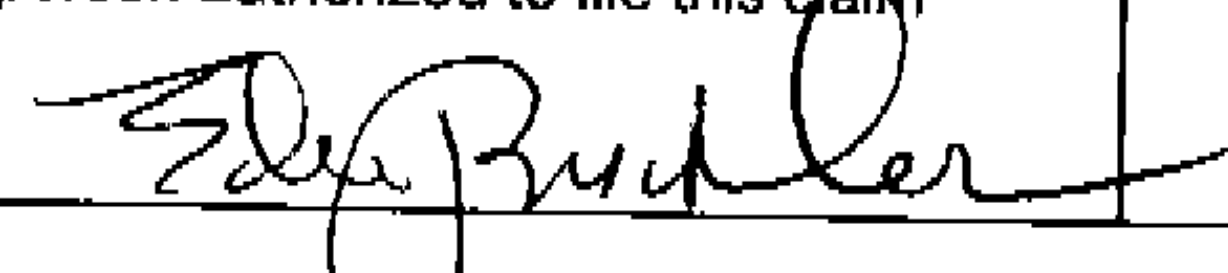
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date: 7/12/00 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Edward J. BIRCHLER, CREDITMAN



This Space Is for Court Use Only

099

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

*** STATEMENT ***

ACCOUNT NUMBER STATEMENT DATE PAGE
543111371 07-12-00 1

STAGE STORES INC
ATTN: ADV/PRODUCTION
P.O. BOX 35718
HOUSTON TX
77235-5718

IF YOU HAVE ANY QUESTIONS, PLEASE CALL : Barbara Holley
PHONE : (800)215-3004
FAX# : (407)290-0390

INVOICE	BILL DATE	DUE DATE	PURCHASE ORDER/REFERENCE	AMOUNT DUE
N230857	05-11-00	06-10-00	40968	1,810.15

CURRENT	1 - 30	31 - 60	61+	TOTAL AMOUNT OWING
		1,810.15		1,810.15

PLEASE DETACH AND RETURN THIS SECTION
WITH YOUR PAYMENT.

ACCOUNT NUMBER STATEMENT DATE PAGE
543111371 07-12-00 1

PLEASE REMIT PAYMENT TO:

PrimeSource Corporation
PO Box 740902
Atlanta GA
30374-0902

PLEASE CHECK () INVOICES PAID:

INVOICE	BILL DATE	AMOUNT DUE	PAID
N230857	05-11-00	1,810.15	()

AMOUNT OWING 1,810.15

AMOUNT PAID
(IF DIFFERENT)

NO DISCOUNT ON TAXES, FREIGHT
OR NET INVOICES.